

# ● PRINTER RUSH ●

## (PTO ASSISTANCE)

Application : <u>09/924835</u>	Examiner : <u>Sembee</u>	GAU : <u>287</u>
From : <u>TW</u>	Location: IDC FMF <u>FDC</u>	Date: <u>2-24-06</u>
Tracking #: <u>EPM</u>		Week Date: <u>6-27-05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	<u>12-14-05</u>	<input checked="" type="checkbox"/> Other - C.A.D
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

**[RUSH] MESSAGE:** \_\_\_\_\_

The Applicant has submitted a change of address request on 12-14-05 but there were no paper located stating that this change is to be entered. Should the new address be entered?

Please verify

Thank You  
TW

**[XRUSH] RESPONSE:** None needed. It is OK to enter. I have updated PALM to show Inventor's requested change of address. Please print Inventor's P.O. address as requested in paper filed 12-14-05.

**INITIALS:** DGO

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
REV 10/04



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Bib Data Sheet

CONFIRMATION NO. 2879

<b>SERIAL NUMBER</b> 09/924,835	<b>FILING OR 371(c) DATE</b> 08/08/2001 <b>RULE</b>	<b>CLASS</b> 362	<b>GROUP ART UNIT</b> 2875	<b>ATTORNEY DOCKET NO.</b> A8867	
<b>APPLICANTS</b> Betty Kirven, North Myrtle Beach, SC; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SC	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Mrs. Betty Kirven 704 - 12th Avenue, South North Myrtle Beach ,SC 29582					
<b>TITLE</b> DECORATIVE COIL LIGHTS					
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		